

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: April 18, 2005 2 Serial/Patent # 10/676,849

| 3 Please refund the following fee(s):                         | 4 PAPER NUMBER | 5 DATE FILED          | 6 AMOUNT  |
|---|----------------|-----------------------|-----------|
| Filing  |                |                       | \$        |
| Amendment   |                |                       | \$        |
| Extension of Time   |                |                       | \$        |
| Notice of Appeal/Appeal                                       |                |                       | \$        |
| <input checked="" type="checkbox"/> Petition                  | IFW            | 5/10/04               | \$ 665.00 |
| Issue   |                |                       | \$        |
| Cert of Correction/Terminal Disc.                             |                |                       | \$        |
| Maintenance   |                |                       | \$        |
| Assignment  |                |                       | \$        |
| <input checked="" type="checkbox"/> Other Petition            | IFW            | 2/16/05               | \$ 400.00 |
| 7 TOTAL AMOUNT OF REFUND                                      |                | \$                    |           |
| 8 TO BE REFUNDED BY:  |                |                       |           |
| <input type="checkbox"/> Treasury Check                       |                |                       |           |
| <input checked="" type="checkbox"/> Overpayment               |                | Credit Deposit A/C #: |           |
| <input type="checkbox"/> Duplicate Payment                    |                | 9 <u>20-1469</u>      |           |
| <input checked="" type="checkbox"/> No Fee Due (Explanation): |                |                       |           |

Application not abandoned. Consideration under 137 unnecessary  
Notice withdrawn. Method claim present entitled to  
Filing Date

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Nancy Johnson

TITLE: Sr. Petitions Att'y

SIGNATURE: Nancy Johnson

PHONE: 571-272-3299

OFFICE: Petitions

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED: Alma Kell

DATE: 34/18/05

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B